

Dickinson County BRFSS Questionnaire

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HELLO, I'm _____ calling for the
_____. We're doing a study of the health practices of
_____ residents. Your phone number has been chosen
randomly by the _____ to be included in
the study, and we'd like to ask some questions about things people do
which may affect their health.

Is this _____ ? **No** Thank you very much, but
I seem to have dialed the
wrong number, It's
possible that your number
may be called at a later
time. **Stop**

Is this a private residence? **No** Thank you very much, but
we are only interviewing
private residences. **Stop**

Our study requires that we randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

If "1" Are you the adult?

If "yes" Then you are the person I need to speak with. **Go to page 3**

If "no" May I speak with him or her? **Go to "correct respondent" at bottom of page**

How many of these adults are men and how many are women?

Who is the oldest man who presently lives in this household?
Who is the next oldest man who presently lives in this household?
Etc.

Who is the oldest woman who presently lives in this household?
Who is the next oldest woman who presently lives in this household?
Etc.

The person in your household that I need to speak with is _____.
If "you," go to page 3

To correct respondent	<p>Hello, I'm calling for the _I'm a member of a special research team. We're doing a study of _residents regarding their health practices and day-to-day living habits. You have been randomly chosen to be included in the study from among the adult members of your household.</p>
------------------------------	--

The interview will only take a short time, and all the information obtained in this study will be confidential.

Section 1: Health Status

1. Would you say that in general your health is:

Please Read

- | | |
|--------------|---|
| a. Excellent | 1 |
| b. Very good | 2 |
| c. Good | 3 |
| d. Fair | 4 |
| or | |
| e. Poor | 5 |

**Do not
read these
responses**

- | | |
|---------------------|---|
| Don't know/Not Sure | 7 |
| Refused | 9 |

Section 2: Health Care Access

2. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

- | | |
|---------------------------------------|---|
| a. Yes | 1 |
| b. No Go to Q. 4b (p. 6) | 2 |
| Don't know/Not sure Go to Q. 7 (p. 7) | 7 |
| Refused Go to Q. 7 (p. 7) | 9 |

3. Do you have Medicare?

- | | | |
|--|--------------------------|---|
| Medicare is a coverage plan for people 65 or over and for certain disabled people | a. Yes Go to Q. 7 (p. 7) | 1 |
| | b. No | 2 |
| | Don't know/not sure | 7 |
| | Refused | 9 |

4a. What type of health care coverage do you use to pay for most of your medical care?

Is it coverage through: **Please Read**

- | | | | |
|----|---|--------------------------|-----|
| a. | Your employer | Go to Q. 6 (p. 7) | 0 1 |
| b. | Someone else's employer | Go to Q. 6 (p. 7) | 0 2 |
| c. | A plan that you or someone else buys on your own | Go to Q. 6 (p. 7) | 0 3 |
| d. | Medicare | Go to Q. 6 (p. 7) | 0 4 |
| e. | Medicaid or Medical Assistance [or substitute state program name] | Go to Q. 6 (p. 7) | 0 5 |
| f. | The military, CHAMPUS, or the VA [or CHAMP-VA] | Go to Q. 6 (p. 7) | 0 6 |
| g. | The Indian Health Service [or the Alaska Native Health Service] | Go to Q. 6 (p. 7) | 0 7 |
| h. | Some other source | Go to Q. 6 (p. 7) | 0 8 |
| | None | Go to Q. 5 (p. 6) | 8 8 |
| | Don't know/Not sure | Go to Q. 6 (p. 7) | 7 7 |
| | Refused | Go to Q. 6 (p. 7) | 9 9 |

**Do not
read these
responses**

4b. There are some types of coverage you may not have considered. Please tell me if you have any of the following:

Coverage through: **Please Read**

If more than one, ask "Which type do you use to pay for most of your medical care?"	a. Your employer	Go to Q.6 (p. 7)	0 1
	b. Someone else's employer	Go to Q.6 (p. 7)	0 2
	c. A plan that you or someone else buys on your own	Go to Q.6 (p. 7)	0 3
	d. Medicare	Go to Q.6 (p. 7)	0 4
	e. Medicaid or Medical Assistance [or substitute state program name]	Go to Q.6 (p. 7)	0 5
	f. The military, CHAMPUS, or the VA [or CHAMP-VA]	Go to Q.6 (p. 7)	0 6
	g. The Indian Health Service [or the Alaska Native Health Service] or	Go to Q.6 (p. 7)	0 7
	h. Some other source	Go to Q.6 (p. 7)	0 8
Do not read these responses	None		8 8
	Don't know/Not sure	Go to Q. 7 (p. 7)	7 7
	Refused	Go to Q. 7 (p. 7)	9 9

5. About how long has it been since you had health care coverage?

Read Only if Necessary

- | | |
|---|---|
| a. Within the past 6 months (1 to 6 months ago) | 1 |
| Go to Q. 7 | |
| b. Within the past year (6 to 12 months ago) | 2 |
| Go to Q. 7 | |
| c. Within the past 2 years (1 to 2 years ago) | 3 |
| Go to Q. 7 | |
| d. Within the past 5 years (2 to 5 years ago) | 4 |
| Go to Q. 7 | |
| e. 5 or more years ago | 5 |
| Go to Q. 7 | |
| Don't know/Not sure | 7 |
| Go to Q. 7 | |
| Never | 8 |
| Go to Q. 7 | |
| Refused | 9 |
| Go to Q. 7 | |

6. During the past 12 months, was there any time that you did not have any health insurance or coverage?

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

7. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost?

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

8. Is there one particular doctor or health professional who you usually go to when you need routine medical care?

If "no," ask "Is there <u>more</u> <u>than one</u> or is there <u>no</u> usual doctor who you go to?"	a. Yes, only one	1
	b. More than one	2
	c. No	3
	Don't know/Not sure	7
	Refused	9

9. About how long has it been since you last visited a doctor for a routine checkup?

Read Only if Necessary

a. Within the past year (1 to 12 months ago)	1
b. Within the past 2 years (1 to 2 years ago)	2
c. Within the past 5 years (2 to 5 years ago)	3
d. 5 or more years ago	4
Don't know/Not sure	7
Never	8
Refused	9

Section 3: Hypertension Awareness

10. About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional?

Read Only if Necessary

- | | |
|---|---|
| a. Within the past 6 months (1 to 6 months ago) | 1 |
| b. Within the past year (6 to 12 months ago) | 2 |
| c. Within the past 2 years (1 to 2 years ago) | 3 |
| d. Within the past 5 years (2 to 5 years ago) | 4 |
| e. 5 or more years ago | 5 |
| Don't know/Not sure | 7 |
| Never Go to Q. 13 (p. 10) | 8 |
| Refused | 9 |

11. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

- | | |
|--|---|
| a. Yes | 1 |
| b. No Go to Q. 13 (p. 10) | 2 |
| Don't know/Not sure Go to Q. 13 (p. 10) | 7 |
| Refused Go to Q. 13 (p. 10) | 9 |

12. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once?

- | | |
|---------------------|---|
| a. More than once | 1 |
| b. Only once | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

Section 4: Cholesterol Awareness

13. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? (48)

- a. Yes 1
- b. No Go to Q. 16 (p. 11) 2
- Don't know/Not sure Go to Q. 16 (p. 11) 7
- Refused Go to Q. 16 (p. 11) 9

14. About how long has it been since you last had your blood cholesterol checked? (49)

Read Only if Necessary

- a. Within the past year (1 to 12 months ago) 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 5 years (2 to 5 years ago) 3
- d. 5 or more years ago 4
- Don't know/Not sure 7
- Refused 9

15. Have you ever been told by a doctor or other health professional that your blood cholesterol is high? (50)

- a. Yes 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

Section 5: Diabetes

16. Have you ever been told by a doctor that you have diabetes?
(51)

If "Yes" and female, ask "Was this only when you were pregnant?"	a. Yes	1
	b. Yes, but female told only during pregnancy	2
	c. No	3
	Don't know/Not sure	7
	Refused	9

Section 6: Exercise

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

17. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (52)

- | | |
|---|---|
| a. Yes | 1 |
| b. No Go to Q. 27 (p. 15) | 2 |
| Don't know/Not sure Go to Q. 27 (p. 15) | 7 |
| Refused Go to Q. 27 (p. 15) | 9 |

18. What type of physical activity or exercise did you spend the most time doing during the past month? (53-54)

Activity (specify): _____
See coding list A

Refused Go to Q. 22 (p. 13) 9 9

Ask Q. 19 only if answer to Q. 18 is running, jogging, walking, or swimming. All others, go to Q. 20.

19. How far did you usually walk/run/jog/swim? (55-57)

See coding list B if response is not in miles and tenths	Miles and tenths	—	—	—
	Don't know/Not sure	7	7	7
	Refused	9	9	9

20. How many times per week or per month did you take part in this activity during the past month? (58-60)

- | | | | |
|---------------------|---|---|---|
| a. Times per week | 1 | — | — |
| b. Times per month | 2 | — | — |
| Don't know/Not sure | 7 | 7 | 7 |
| Refused | 9 | 9 | 9 |

21. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (61-63)

Hours and minutes	—	:	—	—
Don't know/Not sure	7	7	7	
Refused	9	9	9	

22. Was there another physical activity or exercise that you participated in during the last month? (64)

a. Yes	1
b. No Go to Q. 27 (p. 15)	2
Don't know/Not sure Go to Q. 27 (p. 15)	7
Refused Go to Q. 27 (p. 15)	9

23. What other type of physical activity gave you the next most exercise during the past month? (65-66)

Activity (specify):	_____	—	—
	See coding list A		
Refused Go to Q. 27 (p. 15)	9	9	

Ask Q. 24 only if answer to Q. 23 is running, jogging, walking, or swimming. All others go to Q25 (p. 14).

24. How far did you usually walk/run/jog/swim? (67-69)

See coding
list B if
response is
not in
miles and
tenths

Miles and tenths	—	—	—
Don't know/Not sure	7	7	7
Refused	9	9	9

25. How many times per week or per month did you take part in this activity? (70-72)

a. Times per week	1	—	—
b. Times per month	2	—	—
Don't know/Not sure	7	7	7
Refused	9	9	9

26. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (73-75)

Hours and minutes	—	:	—	—
Don't know/Not sure	7	7	7	
Refused	9	9	9	

Section 7: Seat Belt Use

27. How often do you use seatbelts when you drive or ride in a car?
(76)

Would you say: **Please Read**

a.	Always	1
b.	Nearly Always	2
c.	Sometimes	3
d.	Seldom	4
	or	
e.	Never	5
Do not read these responses	Don't know/Not sure	7
	Never drive or ride in a car	8
	Refused	9

28. What is the age of the oldest child in your household under the age of 16? (77-78)

**Code
<1 yr.
as "01"**

a.	Code age in years		
b.	No children under age 16	Go to Q. 30 (p. 16)	8 8
	Don't know/Not sure	Go to Q. 30 (p. 16)	7 7
	Refused	Go to Q. 30 (p. 16)	9 9

29. How often does the [fill in age from Q. 22]-year-old child in your household use a... (79)

car safety seat [for child under 5]

seatbelt [for child 5 or older]

...when they ride in a car?

Would you say: **Please Read**

- | | |
|----------------------|---|
| a. Always | 1 |
| b. Nearly always | 2 |
| c. Sometimes | 3 |
| d. Seldom | 4 |
| or | |
| e. Never | 5 |
| Don't know/Not sure | 7 |
| Never rides in a car | 8 |
| Refused | 9 |

**Do not
read these
responses**

Section 8: Tobacco Use

30. Have you smoked at least 100 cigarettes in your entire life?
(80)

5 packs
= 100
ciga-
rettes

- | | |
|---|---|
| a. Yes | 1 |
| b. No Go to Q. 35 (p. 19) | 2 |
| Don't know/Not sure Go to Q. 35 (p. 19) | 7 |
| Refused Go to Q. 35 (p. 19) | 9 |

31. Do you now smoke cigarettes everyday, some days, or not at all?
(81)

- | | |
|-----------------------------------|---|
| a. Everyday | 1 |
| b. Some days Go to Q. 32a | 2 |
| c. Not at all Go to Q. 34 (p. 18) | 3 |
| Refused Go to Q. 35 (p. 19) | 9 |

32. On the average, about how many cigarettes a day do you now smoke?
(82-83)

1 pack
= 20
ciga-
rettes

- | | |
|--|-----|
| Number of cigarettes Go to Q. 33 (p. 18) | |
| Don't know/Not sure Go to Q. 33 (p. 18) | 7 7 |
| Refused Go to Q. 33 (p. 18) | 9 9 |

32a. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?
(84-85)

1 pack
= 20
ciga-
rettes

- | | |
|--|-----|
| Number of cigarettes Go to Q. 35 (p. 19) | |
| Don't know/Not sure Go to Q. 35 (p. 19) | 7 7 |
| Refused Go to Q. 35 (p. 19) | 9 9 |

33. During the past 12 months, have you quit smoking for 1 day or longer? (86)

- | | |
|---|---|
| a. Yes Go to Q. 35 (p. 19) | 1 |
| b. No Go to Q. 35 (p. 19) | 2 |
| Don't know/Not sure Go to Q. 35 (p. 19) | 7 |
| Refused Go to Q. 35 (p. 19) | 9 |

34. About how long has it been since you last smoked cigarettes regularly, that is, daily? (87-88)

Read Only if Necessary

- | | |
|---|-----|
| a. Within the past month (0 to 1 month ago) | 0 1 |
| b. Within the past 3 months (1 to 3 months ago) | 0 2 |
| c. Within the past 6 months (3 to 6 months ago) | 0 3 |
| d. Within the past year (6 to 12 months ago) | 0 4 |
| e. Within the past 5 years (1 to 5 years ago) | 0 5 |
| f. Within the past 15 years (5 to 15 years ago) | 0 6 |
| g. 15 or more years ago | 0 7 |
| Don't know/Not sure | 7 7 |
| Never smoked regularly | 8 8 |
| Refused | 9 9 |

Section 9: Smokeless Tobacco Use

35. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff? (89)

Probe for chewing tobacco, snuff, or both	a. Yes, chewing tobacco	1
	b. Yes, snuff	2
	c. Yes, both	3
	d. No, neither Go to Q. 37 (p. 20)	4
	Don't know/Not sure Go to Q. 37 (p. 20)	7
	Refused Go to Q. 37 (p. 20)	9

36. Do you currently use any smokeless tobacco products such as chewing tobacco or snuff? (90)

"Yes" includes occa- sional use	a. Yes, chewing tobacco	1
	b. Yes, snuff	2
	c. Yes, both	3
	d. No, neither	4
	Don't know/Not sure	7
	Refused	9

Section 10: Demographics

37. What is your age? (91-92)

Code age in years

Don't know/Not sure 0 7

Refused 0 9

38. What is your race? (93)

Would you say: **Please Read**

a. White 1

b. Black 2

c. Asian, Pacific Islander 3

d. American Indian, Alaska Native 4

or

e. Other: (specify)_____ 5

Do not Don't know/Not sure 7

read these

responses Refused 9

39. Are you of Spanish or Hispanic origin? (94)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

40. Are you: (95)

Please Read

- | | |
|------------------------------------|---|
| a. Married | 1 |
| b. Divorced | 2 |
| c. Widowed | 3 |
| d. Separated | 4 |
| e. Never been married | 5 |
| or | |
| f. A member of an unmarried couple | 6 |
| Refused | 9 |

41. How many children live in your household who are...

Please Read

- | | | |
|----------------------|-----------------------------|----------|
| Code 1-9 | a. less than 5 years old? | ___ (96) |
| 7 = 7 or more | b. 5 through 12 years old? | ___ (97) |
| 8 = None | c. 13 through 17 years old? | ___ (98) |
| 9 = Refused | | |

42. What is the highest grade or year of school you completed? (99)

Read Only if Necessary

- | | |
|---|---|
| a. Never attended school or only kindergarten | 1 |
| b. Grades 1 through 8 (Elementary) | 2 |
| c. Grades 9 through 11 (Some high school) | 3 |
| d. Grade 12 or GED (High school graduate) | 4 |
| e. College 1 year to 3 years (Some college or technical school) | 5 |
| f. College 4 years or more (College graduate) | 6 |
| Refused | 9 |

43. Are you currently: (100)

Please Read

- | | |
|-------------------------------------|---|
| a. Employed for wages | 1 |
| b. Self-employed | 2 |
| c. Out of work for more than 1 year | 3 |
| d. Out of work for less than 1 year | 4 |
| e. Homemaker | 5 |
| f. Student | 6 |
| g. Retired | 7 |
| or | |
| h. Unable to work | 8 |
| Refused | 9 |

44. Is your annual household income from all sources: (101-102)

Read as Appropriate

**If res-
pondent
refuses
at any
income
level,
code
refused**

- | | |
|--|-----|
| a. Less than \$25,000 If "no," ask e; if "yes," ask b
(\$20,000 to less than \$25,000) | 0 4 |
| b. Less than \$20,000 If "no," code a; if "yes," ask c
(\$15,000 to less than \$20,000) | 0 3 |
| c. Less than \$15,000 If "no," code b; if "yes," ask d
(\$10,000 to less than \$15,000) | 0 2 |
| d. Less than \$10,000 If "no," code c | 0 1 |
| e. Less than \$35,000 If "no," ask f
(\$25,000 to less than \$35,000) | 0 5 |
| f. Less than \$50,000 If "no," ask g
(\$35,000 to less than \$50,000) | 0 6 |
| g. Less than \$75,000 If "no," code h
(\$50,000 to \$75,000) | 0 7 |
| h. \$75,000 or more | 0 8 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

**Do not
read these
responses**

45. About how much do you weigh without shoes? (103-105)

Round fractions up	Weight	pounds
	Don't know/Not sure	7 7 7
	Refused	9 9 9

46. About how tall are you without shoes? (106-108)

Round fractions down	Height	___/ ft/inches
	Don't know/Not sure	7 7 7
	Refused	9 9 9

47. What is your zip code? (109-113)

Zip code	
Don't know/not sure	7 7 7 7 7
Refused	9 9 9 9 9

48. Do you have more than one telephone number in your household? (114)

a. Yes	1
b. No Go to Q. 50	2
Refused Go to Q. 50	9

49. How many residential telephone numbers do you have? (115)

Exclude ded- icated fax and computer lines	Total telephone numbers [8=8 or more]	
	Refused	9

50. Indicate sex of respondent. **Ask Only if Necessary** (116)

Male Go to Q. 62 (p. 28)	1
Female	2

Section 11: Women's Health

These next few questions ask about medical exams you may have received.

51. A mammogram is an x-ray of each breast to look for breast cancer.
Have you ever had a mammogram? (117)

- a. Yes 1
- b. No Go to Q. 54 (p. 25) 2
- Don't know/Not sure Go to Q. 54 (p. 25) 7
- Refused Go to Q. 54 (p. 25) 9

52. How long has it been since you had your last mammogram? (118)

Read only if Necessary

- a. Within the past year (1 to 12 months ago) 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 3 years (2 to 3 years ago) 3
- d. Within the past 5 years (3 to 5 years ago) 4
- e. 5 or more years ago 5
- Don't know/Not sure 7
- Refused 9

53. Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (119)

- a. Routine checkup 1
- b. Breast problem other than cancer 2
- c. Had breast cancer 3
- Don't know/Not sure 7
- Refused 9

54. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam? (120)

- a. Yes 1
- b. No Go to Q. 58 (p. 26) 2
- Don't know/Not sure Go to Q. 58 (p. 26) 7
- Refused Go to Q. 58 (p. 26) 9

55. How long has it been since your last breast exam? (121)

Read Only if Necessary

- a. Within the past year (1 to 12 months ago) 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 3 years (2 to 3 years ago) 3
- d. Within the past 5 years (3 to 5 years ago) 4
- e. 5 or more years ago 5
- Don't know/Not sure 7
- Refused 9

56. Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (122)

- a. Routine Checkup 1
- b. Breast problem other than cancer 2
- c. Had breast cancer 3
- Don't know/Not sure 7
- Refused 9

57. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (123)

- a. Yes 1
- b. No Go to Q. 60 (p. 27) 2
- Don't know/Not sure Go to Q. 60 (p. 27) 7
- Refused Go to Q. 60 (p. 27) 9

58. How long has it been since you had your last Pap smear? (124)

Read Only if Necessary

- a. Within the past year (1 to 12 months ago) 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 3 years (2 to 3 years ago) 3
- d. Within the past 5 years (3 to 5 years ago) 4
- e. 5 or more years ago 5
- Don't know/Not sure 7
- Refused 9

59. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem? (125)

- a. Routine exam 1
- b. Check current or previous problem 2
- Other 3
- Don't know/Not sure 7
- Refused 9

60. Have you had a hysterectomy? (126)

a. Yes **Go to Q. 62 (p. 28)** 1

b. No 2

Don't know/Not sure 7

Refused 9

A hysterectomy is an operation to remove the uterus (womb)

If respondent 45 years old or older, go to Q. 62 (p. 28).

61. To your knowledge, are you now pregnant? (127)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

Section 12: Immunization

62. During the past 12 months, have you had a flu shot?	(128)
a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9
63. Have you ever had a pneumonia vaccination?	(129)
a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

Section 13: HIV/AIDS

If respondent is 65 years old or older, go to Section 14 (p. 33).

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

64. What are your chances of getting infected with HIV, the virus that causes AIDS? (130)

Would you say:	Please Read	
a. High		1
b. Medium		2
c. Low		3
	or	
d. None		4
Not applicable (Have HIV)	Go to Q. 66 (p. 29)	5
Don't know/Not sure		7
Refused		9

**Do not
read these
responses**

65. Have you ever had your blood tested for HIV? (131)

a. Yes		1
b. No	Go to Q. 70 (p. 33)	2
Don't know/Not sure	Go to Q. 70 (p. 33)	7
Refused	Go to Q. 70 (p. 33)	9

66. When was your last blood test for HIV? (132-135)

Code month and year					
Don't know/Not sure	7	7	7	7	7
Refused	9	9	9	9	9

67. What was the main reason you had your last blood test for HIV?
(136-137)

Reason code

Read only if necessary

a. For hospitalization or surgical procedure	0 1
b. To apply for health insurance	0 2
c. To apply for life insurance	0 3
d. For employment	0 4
e. To apply for a marriage license	0 5
f. For military induction or military service	0 6
g. For immigration	0 7
h. Just to find out if you were infected	0 8
i. Because of referral by a doctor	0 9
j. Because of pregnancy	1 0
k. Referred by your sex partner	1 1
l. Because it was part of a blood donation process	1 2
m. For routine check-up	1 3
n. Because of occupational exposure	1 4
o. Because of illness	1 5
p. Because I am at risk for HIV	1 6
q. Other	8 7
Don't know/Not sure	7 7
Refused	9 9

68. Where did you have your last blood test for HIV?

(138-139)

Facility Code

Read only if necessary

a. Private doctor, HMO	0 1
b. Blood bank, plasma center, Red Cross	0 2
c. Health department	0 3
d. AIDS clinic, counseling, testing site	0 4
e. Hospital, emergency room, outpatient clinic	0 5
f. Family planning clinic	0 6
g. Prenatal clinic, obstetrician's office	0 7
h. Tuberculosis clinic	0 8
i. STD clinic	0 9
j. Community health clinic	1 0
k. Clinic run by employer	1 1
l. Insurance company clinic	1 2
m. Other public clinic	1 3
n. Drug treatment facility	1 4
o. Military induction or military service site	1 5
p. Immigration site	1 6
q. At home, home visit by nurse or health worker	1 7
r. At home using self-sampling kit	1 8
s. In jail or prison	1 9
t. Other	8 7
Don't know/Not sure	7 7
Refused	9 9

69. Did you receive the results of your last test?	(140)
a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

Section 14: Quality of Life

These next questions are about limitations you may have in your daily life.

70. Are you limited in any way in any activities because of any impairment or health problem? (141)
- a. Yes 1
 - b. No **Go to Q. 75** 2
 - Don't know/Not sure **Go to Q. 75** 7
 - Refused **Go to Q. 75** 9
71. What is the major impairment or health problem that limits your activities? (142-143)
- a. Arthritis/rheumatism 0 1
 - b. Back or neck problem 0 2
 - c. Fractures, bone/joint injury 0 3
 - d. Walking problem 0 4
 - e. Lung/breathing problem 0 5
 - f. Hearing problem 0 6
 - g. Eye/vision problem 0 7
 - h. Heart problem 0 8
 - i. Stroke problem 0 9
 - j. Hypertension/high blood pressure 1 0
 - k. Diabetes 1 1
 - l. Cancer 1 2
 - m. Depression/anxiety/emotional problem 1 3
 - n. Other impairment/problem 1 4
 - Don't know/Not sure 7 7
 - Refused 9 9

72. For how long have your activities been limited because of your major impairment or health problem? (144-145)

- | | |
|---------------------|-------|
| a. Days | 1 |
| b. Weeks | 2 |
| c. Months | 3 |
| d. Years | 4 |
| Don't know/Not Sure | 7 7 7 |
| Refused | 9 9 9 |

73. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? (146)

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

74. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? (147)

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

75. During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation? (148-149)

a. Number of days

b. None 8 8

Don't know/Not sure 7 7

Refused 9 9

76. During the past 30 days, for about how many days have you felt sad, blue, or depressed? (150-151)

a. Number of days — —

b. None 8 8

Don't know/Not sure 7 7

Refused 9 9

77. During the past 30 days, for about how many days have you felt worried, tense, or anxious? (152-153)

a. Number of days — —

b. None 8 8

Don't know/Not sure 7 7

Refused 9 9

78. During the past 30 days, for about how many days have you felt you did not get enough rest or sleep? (154-155)

a. Number of days

b. None 8 8

Don't know/Not sure 7 7

Refused 9 9

79. During the past 30 days, for about how many days have you felt very healthy and full of energy? (156-157)

a. Number of days	—	—
b. None	8	8
Don't know/Not sure	7	7
Refused	9	9

Module 1: Health Care Coverage

If "Dk/Ns" or "Refused" to core Q. 2, go to next module.

I asked you previously about your health care coverage.

If "None" to core Q. 4a or core Q. 4b, continue. Otherwise, go to Q. 2.

1. What is the main reason you are without health care coverage?

- | | |
|---|-----|
| a. Lost job or changed employers
Go to Next Module | 0 1 |
| b. Spouse or parent lost job or changed employers
[includes any person who had been providing
insurance prior to job loss or change]
Go to Next Module | 0 2 |
| c. Became divorced or separated Go to Next
Module | 0 3 |
| d. Spouse or parent died Go to Next Module | 0 4 |
| e. Became ineligible because of age or because
left school Go to Next Module | 0 5 |
| f. Employer doesn't offer or stopped offering
coverage Go to Next Module | 0 6 |
| g. Cut back to part time or became temporary
employee Go to Next Module | 0 7 |
| h. Benefits from employer or former employer ran
out Go to Next Module | 0 8 |
| i. Couldn't afford to pay the premiums
Go to Next Module | 0 9 |
| j. Insurance company refused coverage
Go to Next Module | 1 0 |
| k. Lost Medicaid or Medical Assistance eligibility
Go to Next Module | 1 1 |
| l. Other Go to Next Module | 8 7 |
| Don't know/Not sure Go to Next Module | 7 7 |
| Refused Go to Next Module | 9 9 |

2. Other than [fill in type (Medicare/Medicaid/the health coverage which pays for most of your medical care) from core Q. 3, Q. 4a, or Q. 4b], do you have any other type of health care coverage?

Do not
include
plans that
only cover
one type of
service or
care

- | | | |
|---------------------|---|---|
| a. Yes | 1 | |
| b. No | | 2 |
| Don't know/Not sure | | 7 |
| Refused | | 9 |

If respondent 66 years old or older, go to next module.

If respondent answered "no", "don't know", or "refused" to core Q. 6 the go to next module.

3. What was the main reason you were without health care coverage?

- | | | |
|--|---|---|
| a. Lost job or changed employers | 0 | 1 |
| b. Spouse or parent lost job or changed employers
[includes any person who had been providing
insurance prior to job loss or change] | 0 | 2 |
| c. Became divorced or separated | 0 | 3 |
| d. Spouse or parent died | 0 | 4 |
| e. Became ineligible because of age or because
left school | 0 | 5 |
| f. Employer doesn't offer or stopped offering
coverage | 0 | 6 |
| g. Cut back to part time or became temporary
employee | 0 | 7 |
| h. Benefits from employer or former employer ran
out | 0 | 8 |
| i. Couldn't afford to pay the premiums | 0 | 9 |
| j. Insurance company refused coverage | 1 | 0 |
| k. Lost Medicaid or Medical Assistance eligibility | 1 | 1 |
| l. Other | 8 | 7 |
| Don't know/Not sure | 7 | 7 |
| Refused | 9 | 9 |

County-added Module 2: Mental Health

These last few questions ask about your mental health.

1. In the past year, did you think about seeking help from family or friends for any personal or emotional problems?

a. Yes	1
b. No	2
Don't know/Not Sure	7
Refused	9

2. In the past year, did you think about seeking help from a therapist, counselor or self-help group for any personal or emotional problems?

a. Yes	1
b. No	2
Don't know/Not Sure	7
Refused	9

3. During the past five years have you thought you might have depression?

a. Yes	1
b. No Go to Q. 7	2
Don't know/Not Sure Go to Q. 7	7
Refused Go to Q. 7	9

4. During the past five years have you been diagnosed with depression?

a. Yes	1
b. No Go to Q. 7	2
Don't know/Not Sure Go to Q. 7	7
Refused Go to Q. 7	9

5. Did you receive treatment for your depression?

- | | |
|---------------------------------------|---|
| a. Yes | 1 |
| b. No Go to Q. 7 | 2 |
| Don't know/Not Sure Go to Q. 7 | 7 |
| Refused Go to Q. 7 | 9 |

6. Who treated you for depression?

Read only if necessary

- | | |
|---|-----|
| a. Psychologist | 0 1 |
| b. Psychiatrist | 0 2 |
| c. Family doctor | 0 3 |
| d. Mental health center | 0 4 |
| e. Self-help group | 0 5 |
| f. Family or Friends | 0 6 |
| g. Pastor, priest, rabbi or other religious counselor | 0 7 |
| h. Other (specify:_____) | 0 8 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

7. Have you needed treatment for any personal or emotional problems during the last five years but been unable to get it?

- | | |
|---------------------------------------|---|
| a. Yes | 1 |
| b. No Go to Q. 9 | 2 |
| Don't know/Not Sure Go to Q. 9 | 7 |
| Refused Go to Q. 9 | 9 |

8. Why were you unable to get treatment for your personal or emotional problem?

Read only if necessary

- | | |
|--|---|
| a. Cost/Couldn't afford/Insurance would not cover | 1 |
| b. Lack transportation | 2 |
| c. No place was close enough/available/convenient | 3 |
| d. Do not know where to go | 4 |
| e. Do not trust psychiatrists/psychologist/doctors | 5 |
| f. Embarrassed/Stigmatism | 6 |
| Don't know/Not sure | 7 |
| Refused | 9 |

9. If you or someone in your family needed treatment for a mental health problem where would you go for help?

- | | |
|---|-----|
| a. Central Kansas Mental Health Center | 0 1 |
| b. Psychologist | 0 2 |
| c. Psychiatrist | 0 3 |
| d. Family doctor | 0 4 |
| e. Mental health center | 0 5 |
| f. Self-help group | 0 6 |
| g. Family or Friends | 0 7 |
| h. Pastor, priest, rabbi or other religious counselor | 0 8 |
| i. State Hospital | 0 9 |
| j. Local hospital | 1 0 |
| k. Other (specify:_____) | 1 1 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

Module 9: Alcohol Consumption

1. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?
 - a. Yes 1
 - b. No Go to Q. 6 2
 - Don't know/Not sure Go to Q. 6 7
 - Refused Go to Q. 6 9

2. During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average?
 - a. Days per week 1
 - b. Days per month 2
 - Don't know/Not sure Go to Q. 4 7 7 7
 - Refused Go to Q. 4 9 9 9

3. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank, about how many drinks did you drink on the average?

Number of drinks

Don't know/Not sure 7 7

Refused 9 9

4. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion?
 - a. Number of times
 - b. None 8 8
 - Don't know/Not sure 7 7
 - Refused 9 9

5. During the past month, how many times have you driven when you've had perhaps too much to drink?

a. Number of times

b. None 8 8

Don't know/Not sure 7 7

Refused 9 9

6. Do you currently know someone who uses illegal drugs such as marijuana, heroin, cocaine, or speed?

a. Yes 1

b. No 2

Don't know/Not Sure 7

Refused 9

Module 25: Health of Children

If core questions Q. 41a, Q. 41b, and Q. 41c are all "None" then go to the Next Module.

These next few questions will focus on the health of children.

1. What is the age of the youngest child in your household?

a. Age

Don't Know/Not Sure	7	7
---------------------	---	---

No Children Under Age 18 Go to Next Module	8	8
---	---	---

Refused	9	9
---------	---	---

2. All of our questions will focus on the youngest child who lives in your household. How is the youngest child in your household related to you?

a. Daughter	0	1
-------------	---	---

b. Stepdaughter	0	2
-----------------	---	---

c. Son	0	3
--------	---	---

d. Stepson	0	4
------------	---	---

e. Brother or Stepbrother	0	5
---------------------------	---	---

f. Sister or Stepsister	0	6
-------------------------	---	---

g. Grandson	0	7
-------------	---	---

h. Granddaughter	0	8
------------------	---	---

i. Other (specify) _____	0	9
--------------------------	---	---

Don't Know/Not Sure	7	7
---------------------	---	---

Refused	9	9
---------	---	---

3. Would you say that in general the youngest child's health is:

Please Read

- | | |
|---------------------|---|
| a. Excellent | 1 |
| b. Very Good | 2 |
| c. Good | 3 |
| d. Fair | 4 |
| or | |
| e. Poor | 5 |
| Don't Know/Not Sure | 7 |
| Refused | 9 |

4. Is the youngest child limited in any way in any activities because of any impairment or health problem?

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

5. About how long has it been since the youngest child last visited a doctor for a routine checkup?

Read only if necessary

- | | |
|---|---|
| a. Within the past year (1 to 12 months ago) | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 5 years (2 to 5 years ago) | 3 |
| d. 5 or more years ago | 4 |
| Don't know/Not sure | 7 |
| Never | 8 |
| Refused | 9 |

6. Was there a time during the last 12 months when the youngest child needed to see a doctor, but could not because of the cost?
- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |
7. Is there one particular clinic, health center, doctor's office, or other place that you usually go to if the youngest child is sick or you need advice about the youngest child's health
- | | |
|------------------------|---|
| a. Yes | 1 |
| b. More than one place | 2 |
| c. No | 3 |
| Don't Know/Not Sure | 7 |
| Refused | 9 |
8. Does the youngest child have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?
- | | |
|--|---|
| a. Yes | 1 |
| b. No Go to Q. 10 | 2 |
| Don't know/Not sure Go to Q. 11 | 7 |
| Refused Go to Q. 11 | 9 |

9. What type of health care coverage do you use to pay for most of the youngest child's medical care?

Is it coverage through: **Please Read**

a.	Your employer	Go to Q. 11	0 1
b.	Someone else's employer	Go to Q. 11	0 2
c.	A plan that you or someone else buys on your own	Go to Q. 11	0 3
d.	Medicare	Go to Q. 11	0 4
e.	Medicaid or Medical Assistance [or substitute state program name]	Go to Q. 11	0 5
f.	The military, CHAMPUS, or the VA [or CHAMP-VA]	Go to Q. 11	0 6
g.	The Indian Health Service [or the Alaska Native Health Service]	Go to Q. 11	0 7
h.	Some other source	Go to Q. 11	0 8
	None	Go to Q. 10	8 8
	Don't know/Not sure	Go to Q. 11	7 7
	Refused	Go to Q. 11	9 9

**Do not
read these
responses**

10. There are some types of coverage you may not have considered.
Please tell me if the youngest child may have any of the following:

Coverage through: **Please Read**

If more than one, ask "Which type do you use to pay for most of your medical care?"	a. Your employer	0 1
	b. Someone else's employer	0 2
	c. A plan that you or someone else buys on your own	0 3
	d. Medicare	0 4
	e. Medicaid or Medical Assistance [or substitute state program name]	0 5
	f. The military, CHAMPUS, or the VA [or CHAMP-VA]	0 6
	g. The Indian Health Service [or the Alaska Native Health Service] or	0 7
	h. Some other source	0 8
Do not read these responses	None	8 8
	Don't know/Not sure	7 7
	Refused	9 9

11. Did anyone in this household get food stamps at any time during the last 12 months?

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

If the respondent is male and Q.2 is "Son", "Stepson", "Daughter" or "Stepdaughter" then go to Q. 13.

12. Does the youngest child's father live in this household?

- | | |
|---------------------------------------|---|
| a. No | 1 |
| b. Yes, Father | 2 |
| c. Yes, Stepfather or adoptive father | 3 |
| Don't know/Not sure | 7 |
| Refused | 9 |

If the respondent is female and Q.2 is "Son", "Stepson", "Daughter" or "Stepdaughter" then go to the Next Module.

13. Does the youngest child's mother live in this household?

- | | |
|---------------------------------------|---|
| a. No | 1 |
| b. Yes, Mother | 2 |
| c. Yes, Stepmother or adoptive mother | 3 |
| Don't know/Not sure | 7 |
| Refused | 9 |

Module 2: Health Care Utilization

Now I am going to ask you some questions about the health care you receive.

1. How would you rate your satisfaction with your overall health care?

Would you say: **Please read**

- | | |
|--|---|
| a. Excellent | 1 |
| b. Very Good | 2 |
| c. Good | 3 |
| d. Fair | 4 |
| or | |
| e. Poor | 5 |
| Not applicable/don't use any health services | 8 |
| Don't know/Not sure | 7 |
| Refused | 9 |

**Do not
read these
responses**

2. Is there one particular clinic, health center, doctor's office, or other place that you usually go to if you are sick or need advice about your health?

- | | |
|--|---|
| a. Yes Go to Q. 5 | 1 |
| b. More than one place Go to Q. 4 | 2 |
| c. No | 3 |
| Don't know/Not sure Go to Next Module | 7 |
| Refused Go to Next Module | 9 |

3. What is the main reason you do not have a usual source of medical care?

- | | | |
|--|--------------------------|-----|
| a. Two or more usual places | Go to Next Module | 0 1 |
| b. Have not needed a doctor | Go to Next Module | 0 2 |
| c. Do not like/trust/believe in doctors | Go to Next Module | 0 3 |
| d. Do not know where to go | Go to Next Module | 0 4 |
| e. Previous doctor is not available/moved | Go to Next Module | 0 5 |
| f. No insurance/cannot afford | Go to Next Module | 0 6 |
| g. Speak a different language | Go to Next Module | 0 7 |
| h. No place is available/close enough/convenient | Go to Next Module | 0 8 |
| i. Other | Go to Next Module | 0 9 |
| Don't know/Not sure | Go to Next Module | 7 7 |
| Refused | Go to Next Module | 9 9 |

4. Is there one of these places that you go to most often when you are sick or need advice about your health?

- | | | |
|---------------------|--------------------------|---|
| a. Yes | | 1 |
| b. No | Go to Next Module | 2 |
| Don't know/Not sure | Go to Next Module | 7 |
| Refused | Go to Next Module | 9 |

5. What kind of place is it -- a clinic, a health center, a hospital, a doctor's office, or some other place?

a. Doctor's office or private clinic	0 1
b. Company or school health clinic/center	0 2
c. Community/migrant/rural clinic/center	0 3
d. County/city/public hospital outpatient clinic	0 4
e. Private/other hospital outpatient clinic	0 5
f. Hospital emergency room	0 6
g. HMO/prepaid group	0 7
h. Psychiatric hospital or clinic	0 8
i. VA hospital or clinic	0 9
j. Military health care facility	1 0
k. Some other kind of place	1 1
Don't know/Not sure	7 7
Refused	9 9

6. Thinking of the distance or time you travel to get to the place you usually go to, how would you rate the convenience of that place?

Would you say: **Please read**

a. Excellent	1
b. Very Good	2
c. Good	3
d. Fair	4
or	
e. Poor	5
Don't have usual place	6
Don't know/Not sure	7
Refused	9

**Do not
read these
responses**

7. When did you last change doctors?

Read only if necessary

"Doctors" includes other health professionals	a. Within the past year (1 to 12 months ago)	1
	b. Within the past 2 years (1 to 2 years ago)	2
	c. Within the past 3 years (2 to 3 years ago)	3
	d. Within the past 5 years (3 to 5 years ago)	4
	e. 5 or more years ago	5
	f. Never Go to Next Module	8
	Don't know/Not sure Go to Next Module	7
	Refused Go to Next Module	9

8. Why did you change doctors that last time?

"Doctors" includes other health professionals	a. Changed residence or moved	0 1
	b. Changed jobs	0 2
	c. Changed health care coverage	0 3
	d. Provider moved or retired	0 4
	e. Dissatisfied with former provider or liked new provider better	0 5
	f. Former provider no longer reimbursed by my health care coverage	0 6
	g. Owed money to former provider	0 7
	h. Medical care needs changed	0 8
	i. Other	8 7
	Don't know/Not sure	7 7
	Refused	9 9

Module 12: Family Planning

If respondent is male or age 45 years old or older, go to next module

The next few questions ask about pregnancy and ways to prevent pregnancy.

If pregnant now ("Yes" to core Q. 61), go to Q3.

1. Have you been pregnant in the last 5 years?

- | | |
|--------------------------------|---|
| a. Yes | 1 |
| b. No Go to Q. 3 | 2 |
| Don't know/Not sure Go to Q. 3 | 7 |
| Refused Go to Q. 3 | 9 |

2. Thinking back to your last pregnancy, just before you got pregnant, how did you feel about becoming pregnant?

Would you say: **Please Read**

- | | |
|---|---|
| a. You wanted to be pregnant sooner Go to Q. 3 | 1 |
| b. You wanted to be pregnant later Go to Q. 3 | 2 |
| c. You wanted to be pregnant then Go to Q. 3 | 3 |
| d. You didn't want to be pregnant then or at anytime in the future Go to Q. 3 | 4 |
| e. You don't know Go to Q. 3 | 7 |
| Do not read Refused Go to Q. 3 | 9 |

3. Thinking back to just before you got pregnant with your current pregnancy, how did you feel about becoming pregnant?

Would you say: **Please Read**

a.	You wanted to be pregnant sooner	1
b.	You wanted to be pregnant later	2
c.	You wanted to be pregnant then	3
d.	You didn't want to be pregnant then or at any time in the future	4
e.	You don't know	7
Do not read	Refused	9

If respondent had hysterectomy ("Yes" to core Q. 60) or is pregnant now ("Yes" to core Q. 61), go to Q7. If Sexual Behavior Module Q. 1 is none go to Q. 7.

4. Are you or your [fill in (husband/partner) from core Q40] using any kind of birth control now? Birth control means having your tubes tied, vasectomy, the pill, condoms, diaphragm, foam, rhythm, Norplant, shots (Depo-provera) or any other way to keep from getting pregnant.

a.	Yes	1
b.	No Go to Q. 6	2
c.	Not sexually active Go to Q. 7	3
	Don't know/Not sure Go to Q. 7	7
	Refused Go to Q. 7	9

5. What kinds of birth control are you or your [fill in (husband/partner) from core Q40] using now?

Kind Code

Read Only if Necessary

- | | | |
|-------------------------------|------------|-----|
| a. Tubes tied (sterilization) | Go to Q. 7 | 0 1 |
| b. Vasectomy (sterilization) | Go to Q. 7 | 0 2 |
| c. Pill | Go to Q. 7 | 0 3 |
| d. Condoms | Go to Q. 7 | 0 4 |
| e. Foam, jelly, cream | Go to Q. 7 | 0 5 |
| f. Diaphragm | Go to Q. 7 | 0 6 |
| g. Norplant | Go to Q. 7 | 0 7 |
| h. Shots (Depo-Provera) | Go to Q. 7 | 0 8 |
| i. Withdrawal | Go to Q. 7 | 0 9 |
| j. Other (specify: _____) | Go to Q. 7 | 8 7 |
| Don't know/Not sure | Go to Q. 7 | 7 7 |
| Refused | Go to Q. 7 | 9 9 |

If more than one, code other and specify each method code e.

6. What are your reasons for not using any birth control now?

Reason Code

Read Only if Necessary

If more than one, code other and specify each method code c.	a. I am not having sex	0 1
	b. I want to get pregnant	0 2
	c. I don't want to use birth control	0 3
	d. My husband or partner doesn't want to use birth control	0 4
	e. I don't think I can get pregnant	0 5
	f. I can't pay for birth control	0 6
	g. Other (specify: _____)	8 7
	h. Don't know/Not sure	7 7
	i. Refused	9 9

7. Where is your usual source of services for female health concerns, such as family planning, annual exams, breast exams, tests for sexually transmitted diseases, and other female health concerns?

Would you say: **Please Read**

	a. A family planning clinic [Example: a Planned Parenthood clinic] Go to Q9	1
	b. A health department clinic	2
	c. A community health center	3
	d. A private gynecologist	4
	e. A general or family physician	5
	or	
	f. Some other kind of place	8
Do not read these responses	Don't know/not sure	7
	Refused	9

8. Have you ever used the services at a family planning clinic?

- Example:** a. Yes 1
a Planned
Parenthood b. No Go to Next Module 2
clinic Don't know/not sure Go to Next Module 7
 Refused Go to Next Module 9

9. How long has it been since you used the services at a family planning clinic?

Read Only if Necessary

- a. Within the past year (1 to 12 months ago) 1
 b. Within the past 2 years (1 to 2 years ago) 2
 c. Within the past 3 years (2 to 3 years ago) 3
 d. Within the past 5 years (3 to 5 years ago) 4
 e. 5 or more years ago 5
 Don't know/Not sure 7
 Refused 9

If Family planning Q1 is yes or Q61 is yes then go to Q. 10 else go to Next Module

10. On average how many cigarettes did you smoke each day after you found out you were pregnant ?

- Enter number of cigarettes: — —
 None 8 8
 Don't know/Not sure 7 7
 Refused 9 9

11. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On average how many drinks did you have each month after you found out you were pregnant ?

- Enter number of cigarettes: — — —
 None 8 8 8
 Don't know/Not sure 7 7 7
 Refused 9 9 9

Module 6: Fruits and Vegetables

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods you eat. Include all foods you eat, both at home and away from home.

1. How often do you drink fruit juices such as orange, grapefruit, or tomato?

- | | | | |
|---------------------|---|---|---|
| a. Per day | 1 | | |
| b. Per week | 2 | | |
| c. Per month | 3 | | |
| d. Per year | 4 | | |
| e. Never | 5 | 5 | 5 |
| Don't know/Not sure | 7 | 7 | 7 |
| Refused | 9 | 9 | 9 |

2. Not counting juice, how often do you eat fruit?

- | | | | |
|---------------------|---|---|---|
| a. Per day | 1 | | |
| b. Per week | 2 | | |
| c. Per month | 3 | | |
| d. Per year | 4 | | |
| e. Never | 5 | 5 | 5 |
| Don't know/Not sure | 7 | 7 | 7 |
| Refused | 9 | 9 | 9 |

3. How often do you eat green salad?

a. Per day	1		
b. Per week	2		
c. Per month	3		
d. Per year	4		
e. Never	5	5	5
Don't know/Not sure	7	7	7
Refused	9	9	9

4. How often do you eat potatoes not including french fries, fried potatoes, or potato chips?

a. Per day	1		
b. Per week	2		
c. Per month	3		
d. Per year	4		
e. Never	5	5	5
Don't know/Not sure	7	7	7
Refused	9	9	9

5. How often do you eat carrots?

a. Per day	1		
b. Per week	2		
c. Per month	3		
d. Per year	4		
e. Never	5	5	5
Don't know/Not sure	7	7	7
Refused	9	9	9

6. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat?

Example: A serving of vegetables at both lunch and dinner would be two servings	a. Per day	1		
	b. Per week	2		
	c. Per month	3		
	d. Per year	4		
	e. Never	5	5	5
	Don't know/Not sure	7	7	7
	Refused	9	9	9

Module 21: Women's Health

These next few questions deal with the women's health screenings I asked about earlier.

1. Have you ever done a self breast exam?

- | | |
|---------------------------------------|---|
| a. Yes | 1 |
| b. No Go to Q. 4 | 2 |
| Don't know/Not Sure Go to Q. 5 | 7 |
| Refused Go to Q. 5 | 9 |

2. How long as it been since you last did a self breast examination?

Read only if necessary

- | | |
|---|---|
| a. Within the past month | 1 |
| b. Within the past 3 months (1 to 3 months ago) | 2 |
| c. Within the past 6 months (3 to 6 months ago) | 3 |
| d. Within the past 12 months (6 to 12 months ago) | 4 |
| e. More than a year ago | 5 |
| Never Go to Q. 4 | 6 |
| Don't Know/Not Sure | 7 |
| Refused | 9 |

3. How did you learn to do a self breast examination?
- a. Doctor **Go to Q. 5** 1
 - b. Nurse **Go to Q. 5** 2
 - c. Other health care professional **Go to Q. 5** 3
 - d. Friend or Relative **Go to Q. 5** 4
 - e. Book, pamphlet, or video **Go to Q. 5** 5
 - f. No instruction **Go to Q. 5** 6
 - g. Other _____ **Go to Q. 5** 8
 - Don't Know/Not sure **Go to Q.5** 7
 - Refused **Go to Q. 5** 9
4. What is the main reason why you have never done a self breast examination?
- a. I don't know how to 1
 - b. Embarrassing 2
 - c. Hurts/Painful 3
 - d. Fear of finding a lump 4
 - e. I don't need to/Not necessary 5
 - f. No time/Too busy 6
 - g. Other _____ 8
 - Don't Know/Not Sure 7
 - Refused 9

If Q. 57 is "No" then go to Q. 5.

If Q. 57 is "Don't know" or "Refused" then go to Q. 7

If Q. 58 is coded 3, 4, or 5 then go to Q. 6

If Q. 58 is coded 1, 2, 7, or 9 then go to Q. 7.

5. What is the main reason why you have never had a pap smear test?

- | | | |
|---|------------|-----|
| a. Doctor did not suggest it/No referral | Go to Q. 7 | 0 1 |
| b. Don't need one/not necessary/no symptoms | Go to Q. 7 | 0 2 |
| c. Cost/No insurance/Can't afford | Go to Q. 7 | 0 3 |
| d. Hurts/Painful | Go to Q. 7 | 0 4 |
| e. Don't Know Where to Go | Go to Q. 7 | 0 5 |
| f. No time/Too busy | Go to Q. 7 | 0 6 |
| g. Fear of what it might find | Go to Q. 7 | 0 7 |
| h. Other _____ | Go to Q. 7 | 0 8 |
| i. No reason | Go to Q. 7 | 0 9 |
| Don't know/Not sure | Go to Q. 7 | 7 7 |
| Refused | Go to Q. 7 | 9 9 |

6. What is the main reason why you did not have a pap smear test during the past two years?

- | | |
|---|-----|
| a. Doctor did not suggest it/No referral | 0 1 |
| b. I did not need one/not necessary/no symptoms | 0 2 |
| c. Cost/No insurance/Can't afford | 0 3 |
| d. Hurts/Painful | 0 4 |
| e. Don't Know Where to Go | 0 5 |
| f. No time/Too busy | 0 6 |
| g. Fear of what it might find | 0 7 |
| h. Other _____ | 0 8 |
| i. No reason | 0 9 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

7. Do you know at what age a woman should start having a mammogram every year?

Age

- | | |
|---------------------|-----|
| Don't Know/Not Sure | 7 7 |
| Refused | 9 9 |

If respondent is aged 18-39 then go to next module.

If respondent is aged 40 or older and Q. 51 is "No" then go to Q. 8

If respondent is aged 40 or older and Q. 52 is coded 3, 4, or 5 then go to Q. 9

If respondent is aged 40 or older and Q. 52 is coded 1, 2, 7, or 9 then go to Q. 10

8. What is the main reason why you have never had a mammogram?

- | | |
|---|-----|
| a. Doctor did not suggest it/No referral
Go to Next Module | 0 1 |
| b. I did not need one/not necessary/no symptoms
Go to Next Module | 0 2 |
| c. Cost/No insurance/Can't afford Go to Next Module | 0 3 |
| d. Hurts/Painful Go to Next Module | 0 4 |
| e. Don't Know Where to Go Go to Next Module | 0 5 |
| f. No time/Too busy Go to Next Module | 0 6 |
| g. Fear of what it might find Go to Next Module | 0 7 |
| h. Other _____ Go to Next Module | 0 8 |
| i. No reason Go to Next Module | 0 9 |
| Don't know/Not sure Go to Next Module | 7 7 |
| Refused Go to Next Module | 9 9 |

9. What is the main reason why you did not have a mammogram during the past two years?

- | | |
|---|-----|
| a. Doctor did not suggest it/No referral | 0 1 |
| b. I did not need one/not necessary/no symptoms | 0 2 |
| c. Cost/No insurance/Can't afford | 0 3 |
| d. Hurts/Painful | 0 4 |
| e. Don't Know Where to Go | 0 5 |
| f. No time/Too busy | 0 6 |
| g. Fear of what it might find | 0 7 |
| h. Other _____ | 0 8 |
| i. No reason | 0 9 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

10. Why did you decide to get your last mammogram?

- | | |
|---|---|
| a. Routine check-up | 1 |
| b. Doctor suggested it/Doctor's referral | 2 |
| c. Family or friends suggested it | 3 |
| d. Breast problem (pain, lump, discharge) | 4 |
| e. Radio, television, or newspaper messages | 5 |
| f. Breast Cancer | 6 |
| g. Other _____ | 8 |
| Don't Know/Not Sure | 7 |
| Refused | 9 |

Module 29: Social Context

These next questions are about your daily life.

1. How safe from crime do you consider your neighborhood to be? (320)

Would you say: **Please Read**

- | | |
|---------------------|---|
| a. Extremely safe | 1 |
| b. Quite safe | 2 |
| c. Slightly safe | 3 |
| d. Not at all safe | 4 |
| Don't know/Not sure | 7 |
| Refused | 9 |

2. Do you own or rent your home? (321)

- | | |
|---------|---|
| a. Own | 1 |
| b. Rent | 2 |
| Refused | 9 |

3. How long have you lived at your current address? (322)

Read Only if Necessary

- | | |
|---|---|
| a. Less than six months (1 to 6 months) | 1 |
| b. Less than one year (6 to 12 months) | 2 |
| c. Less than two years (1 to 2 years) | 3 |
| d. 2 or more years | 4 |
| Don't know/Not sure | 7 |
| Refused | 9 |

4. How many close friends or relatives would help you with your emotional problems or feelings if you needed it? (323)
- | | |
|---------------------|---|
| a. 3 or more | 1 |
| b. 2 | 2 |
| c. 1 | 3 |
| d. None | 4 |
| Don't know/Not Sure | 7 |
| Refused | 9 |
5. In the past 30 days, have you been concerned about having enough food for you or your family? (324)
- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not Sure | 7 |
| Refused | 9 |

Module 3: Oral Health

1. How long has it been since you last visited the dentist or a dental clinic?

Read Only if Necessary

- | | |
|---|---|
| a. Within the past year (1 to 12 months ago) | |
| Go to Q. 3 | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 5 years (2 to 5 years ago) | 3 |
| d. 5 or more years ago | 4 |
| Don't know/Not sure Go to Q. 3 | 7 |
| Never | 8 |
| Refused Go to Q. 3 | 9 |

2. What is the main reason you have not visited the dentist in the last year?

Reason code — —

Read only if necessary

- | | |
|---|-----|
| a. Fear, apprehension, nervousness, pain, dislike going | 0 1 |
| b. Cost | 0 2 |
| c. Do not have/know a dentist | 0 3 |
| d. Cannot get to the office/clinic (too far away, no transportation, no appointments available) | 0 4 |
| e. No reason to go (no problems, no teeth) | 0 5 |
| f. Other priorities | 0 6 |
| g. Have not thought of it | 0 7 |
| h. Other | 0 8 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

3. How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics.
- | | |
|--------------------------|---|
| a. 5 or fewer | 1 |
| b. 6 or more but not all | 2 |
| c. All | 3 |
| d. None | 8 |
| Don't know/Not sure | 7 |
| Refused | 9 |
4. Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid?
- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |
5. Are you currently in need of any dental services such as fillings, dentures or partials, teeth pulled, caps, crowns, or root canal?
- | | |
|---|---|
| a. Yes, fillings, caps or crowns, or root canal | 1 |
| b. Yes, teeth pulled, dentures or partials | 2 |
| c. Yes, both | 3 |
| d. No | 4 |
| Don't Know/Not Sure | 7 |
| Refused | 9 |

**If "Yes"
probe for
which
services**

Module 17: Folic Acid

1. Some health experts recommend that women take 400 micrograms of the vitamin folic acid, for which of the following reasons...

Please Read

- | | |
|-----------------------------------|---|
| a. To make strong bones | 1 |
| b. To prevent birth defects | 2 |
| c. To prevent high blood pressure | 3 |
| or | |
| d. Some other reason | 4 |
| Don't know/Not sure | 7 |
| Refused | 9 |

If respondent is answers "To prevent birth defects" go to Q. 2. If the respondent is male gives gives any response but "To prevent birth defects" then skip to the Next Module. If the respondent is female gives gives any response but "To prevent birth defects" then skip to Q. 3.

2. When is it most important that a woman take the vitamin folic acid?

Would you say:

Please Read

- | | |
|---------------------|---|
| a. Before pregnancy | 1 |
| b. During pregnancy | 2 |
| or | |
| c. After pregnancy | 3 |
| Don't know/Not sure | 7 |
| Refused | 9 |

If respondent is male or aged 45 or older, Go to Next Module

3. Are you currently taking 400 mg of the vitamin folic acid each day?

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not Sure | 7 |
| Refused | 9 |

Module 28: Violence and Crime

These next few questions deal with violence or crime.

1. How afraid are you to leave your home at night? Would you say:

Please Read

- a. Very afraid1
- b. Somewhat afraid2
- c. A little afraid3
- or**
- d. Not afraid4
- DON'T KNOW/NOT SURE7
- REFUSED9

2. When was the last time you saw a violent crime in your neighborhood (someone hurting or trying to hurt someone else)?

Read Only if Necessary

- a. Within the past week1
- b. Within the past month2
- c. Within the past year3
- d. One or more years ago4
- e. Never5
- DON'T KNOW/NOT SURE7
- REFUSED9

3. During the past year have you known or seen anyone who was beaten or otherwise hurt by their husband, wife, boyfriend, or girlfriend?

- a. Yes1
- b. No2
- DON'T KNOW/NOT SURE7
- REFUSED9

4. During the past five years have you been hit, slapped, pushed, or struck with an object by another person ?

A. Yes	1
--------	---

B. No 2

Don't know/Not sure 7

Refused	9
---------	---

5. Approximately how many times has this occurred during the past five years ?

Enter number of times:

None	8	8
------	---	---

Don't know/Not Sure 7 7

Refused	9	9
---------	---	---

I

The following questions relate to the most recent time you were hit, slapped, pushed, or struck with an object by another person ?

6. Who was the person who hit, slapped, pushed or struck you ?
Was it a: Stranger; Co-worker; Friend or acquaintance; Husband
or wife; Ex-husband or ex-wife; Other intimate partner including
boyfriend or girlfriend; Former intimate partner including
ex-boyfriend or ex-girlfriend; or Relative ?

Enter code:

A. Stranger 0 1

B. Co-worker	0 2
--------------	-----

C. Friend or Acquaintance	0 3
---------------------------	-----

D. Husband or wife	0 4
--------------------	-----

E. Ex-husband or ex-wife	0 5
--------------------------	-----

F. Other intimate partner including boyfriend or girlfriend	0 6
---	-----

G. Former intimate partner including ex-boyfriend or ex-girlfriend	0 7
---	-----

H. Relative (brother, sister, cousin, etc)	0 8
--	-----

I. Other	0 9
----------	-----

Don't know/Not sure	7 7
---------------------	-----

Refused	9	9
---------	---	---

7. How badly were you injured ?
- A. Not injured/hurt 1
 - B. Bruises 2
 - C. Cuts or scrapes 3
 - D. Broken bones 4
 - E. Internal injuries 5
 - F. Other (specify: _____) 6
 - Don't know/Not sure 7
 - Refused 9
8. What medical treatment did you receive ?
- A. None 1
 - B. Outpatient (doctor's office, emergency room, urgent care center) 2
 - C. Hospitalized 3
 - D. Other 4
 - Don't know/Not sure 7
 - Refused 9
9. Did you report the incident to a law enforcement officer ?
- A. Yes 1
 - B. No 2
 - Don't know/Not sure 7
 - Refused 9
10. Following the most recent incident, did you take out a restraining order against the person who hit, slapped, pushed, or struck you ?
- A. Yes 1
 - B. No 2
 - Don't know/Not sure 7
 - Refused 9

Module 15: Passive Smoke

1. Including yourself, how many persons in your household are current cigarette smokers?
 - a. Number of current smokers (6 = 6 or more)
 - b. None Go to Q. 3 8
 - Don't know/Not Sure Go to Q. 3 7
 - Refused Go to Go to Q. 3 9

2. How many smoke inside the home?
 - a. Number of smokers who smoke inside (6 = 6 or more)
 - b. None 8
 - Don't know/Not Sure 7
 - Refused 9

3. Do you work outside the home?
 - a. Yes 1
 - b. No Go to Q. 5 2
 - Don't know/Not Sure Go to Q. 5 7
 - Refused Go to Q. 5 9

4. Which of the following best describes the policy about smoking at your work place?
 - a. No smoking allowed inside 1
 - b. Smoking restricted to a few designated areas 2
 - c. Smoking allowed in most places except where posted 3
 - d. No policy regarding smoking 4
 - Don't know/Not sure 7
 - Refused 9

5. A list of local smoke-free restraunts has been published in Dickinson County. Have you seen this list ?

A. Yes	1
B. No	2
Don't know/Not sure	7
Refused	9

Module 4: Preventive Counseling Services

The next questions are about counseling services related to prevention that you might have received from a doctor, nurse, or other health professional.

1. Has a doctor or other health professional ever talked with you about your diet or eating habits?

If yes, ask "About how long ago was it?"	a. Yes, within the past 12 months (1 to 12 months ago)	1
	b. Yes, within the past 3 years (1 to 3 years ago)	2
	c. Yes, 3 or more years ago	3
	d. No	4
	Don't know/Not sure	7
	Refused	9

2. Has a doctor or other health professional ever talked with you about physical activity or exercise?

If yes, ask "About how long ago was it?"	a. Yes, within the past 12 months (1 to 12 months ago)	1
	b. Yes, within the past 3 years (1 to 3 years ago)	2
	c. Yes, 3 or more years ago	3
	d. No	4
	Don't know/Not sure	7
	Refused	9

3. (Has a doctor or other health professional ever talked with you) about injury prevention, such as safety belt use, helmet use, or smoke detectors?

If yes, ask "About how long ago was it?"	a. Yes, within the past 12 months (1 to 12 months ago)	1
	b. Yes, within the past 3 years (1 to 3 years ago)	2
	c. Yes, 3 or more years ago	3
	d. No	4
	Don't know/Not sure	7
	Refused	9

4. (Has a doctor or other health professional ever talked with you) about drug abuse?

If yes,
ask "About
how long ago
was it?"

a. Yes, within the past 12 months (1 to 12 months ago)	1
b. Yes, within the past 3 years (1 to 3 years ago)	2
c. Yes, 3 or more years ago	3
d. No	4
Don't know/Not sure	7
Refused	9

5. (Has a doctor or other health professional ever talked with you) about alcohol use?

If yes,
ask "About
how long ago
was it?"

a. Yes, within the past 12 months (1 to 12 months ago)	1
b. Yes, within the past 3 years (1 to 3 years ago)	2
c. Yes, 3 or more years ago	3
d. No	4
Don't know/Not sure	7
Refused	9

If "No" to core Q. 30 or "Not at all" to core Q. 31, go to Q. 7

6. (Has a doctor or other health professional) ever advised you to quit smoking?

If yes,
ask "About
how long ago
was it?"

a. Yes, within the past 12 months (1 to 12 months ago)	1
b. Yes, within the past 3 years (1 to 3 years ago)	2
c. Yes, 3 or more years ago	3
d. No	4
Don't know/Not sure	7
Refused	9

If respondent 65 years old or older, go to next module

7. (Has a doctor or other health professional) ever talked with you about your sexual practices, including family planning, sexually transmitted diseases, AIDS, or the use of condoms?

If yes, ask "About how long ago was it?"	a. Yes, within the past 12 months (1 to 12 months ago)	1
	b. Yes, within the past 3 years (1 to 3 years ago)	2
	c. Yes, 3 or more years ago	3
	d. No	4
	Don't know/Not sure	7
	Refused	9

Module 26: Skin Cancer

These last few questions deal with skin cancer.

1. Have you ever been told by a doctor that you have skin cancer?

- | | |
|--|---|
| a. Yes | 1 |
| b. No Go to Next Module | 2 |
| Don't know/Not sure Go to Next Module | 7 |
| Refused Go to Next Module | 9 |

Have you had any of the following skin cancers?:

Please read		Yes	No	DK	REF
2. Melanoma		1	2	7	9
3. Basal cell		1	2	7	9
4. Squamous cell		1	2	7	9
5. Some other type of skin cancer (Specify ____)		1	2	7	9

If Q. 2 is yes then go to Q. 6 else go to the closing statement.

6. How long ago was your melanoma skin cancer diagnosed?

Read Only if Necessary

- | | |
|---|---|
| a. Within the past year (1 to 12 months ago) | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 5 years (2 to 5 years ago) | 3 |
| d. 5 or more years ago | 4 |
| Don't know/Not sure | 7 |
| Refused | 9 |

Module 27: Injury Prevention

1. Which of the following best describes whether you have a smoke detector in your home? Is it:
 - a. I don't have a smoke detector 1
 - b. I have an installed and working smoke detector 2
 - c. I have a smoke detector, but it is not installed 3
 - d. I have a smoke detector, but it is broken or the battery is missing 4
 - or
 - e. I have a smoke detector but do not know if it works 5
 - Don't know/Not sure 7
 - Refused 9

2. When was the last time you or someone else deliberately tested all of the smoke detectors in your home, either by pressing the test buttons or holding a source of smoke near them?

Read Only if Necessary

- a. Within the past month (0 to 1 month ago) 1
- b. Within the past 6 months (1 to 6 months ago) 2
- c. Within the past year (6 to 12 months ago) 3
- d. One or more years ago 4
- e. Never 5
- f. No smoke detectors in home 6
- Don't know/Not sure 7
- Refused 9

If respondent is aged 18 to 64 go to next module

3. During the past 12 months, have you fallen?
 - a. Yes 1
 - b. No **Go to Next Module** 2
 - Don't know/Not sure **Go to Next Module** 7
 - Refused **Go to Next Module** 9

4. During the past 12 months, have you had to see a doctor or nurse because you were injured when you fell?
 - a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

Module 22: Prostate Cancer Screening

If the respondent is female go to the Next module

If the respondent is a male aged 18-39 go to the Next Module

1. A digital rectal exam is when a doctor or other health professional inserts a finger in the rectum to check for cancer or other health problems. Have you ever had this exam?

- | | |
|--------------------------------|---|
| a. Yes | 1 |
| b. No Go to Q. 3 | 2 |
| Don't know/Not Sure Go to Q. 3 | 7 |
| Refused Go to Q. 3 | 9 |

2. When did you have your last digital rectal exam?

Read Only if Necessary

- | | |
|---|---|
| a. Within the past year (1 to 12 months ago) | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 5 years (2 to 5 years ago) | 3 |
| d. 5 or more years ago | 4 |
| Don't know/Not sure | 7 |
| Refused | 9 |

3. A prostate-specific antigen blood test or PSA test is a blood test to check for prostate cancer. Have you ever had a PSA test?

- | | |
|--|---|
| a. Yes | 1 |
| b. No Go to Next Module | 2 |
| Don't know/Not Sure Go to Next Module | 7 |
| Refused Go to Next Module | 9 |

4. When did you have your last PSA test?

Read Only if Necessary

- | | |
|---|---|
| a. Within the past year (1 to 12 months ago) | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 5 years (2 to 5 years ago) | 3 |
| d. 5 or more years ago | 4 |
| Don't know/Not sure | 7 |
| Refused | 9 |

Closing Statement

That was my last question. Everyone's answers will be combined to give us information about the health practices of people in our community. Thank you very much for your time and cooperation.